

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

10/552355

CLAIMS

	AS FILED		AFTER SEARCH/AMENDMENT		AFTER SEARCH/AMENDMENT			AS FILED		AFTER SEARCH/AMENDMENT		AFTER SEARCH/AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10					1		60						
11							61						
12							62						
13							63						
14					1		64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.			↓	3		↓							
TOTAL DEP.			←	11		←							
TOTAL CLAIMS			14										

Best Available Copy